



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW RANDALLIA HOSPITAL

City of Hospital: Fort Wayne

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Paige Cayot

Email Address: paige.cayot@parkview.com

Medicare Provider Number: 15-0021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2188155647
Outpatient Patient Service Revenue	\$2372579220
Total Gross Patient Service Revenue	\$4560734867

2. Deductions From Revenue

Contractual Allowance	\$3112317832
Other Deductions	\$84489953
Total Deductions	\$3196807785

3. Total Operating Revenue

Net Patient Service Revenue	\$1363927082
Other Operating Revenue	\$165659717
Total Operating Revenue	\$1529586799

4. Operating Expenses

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Salaries and Wages	\$316372270	Employee Benefits	\$102272919
Depreciation and Amortization	\$55590041	Interest Expense	\$179588
Bad Debt	\$56033425	Other Expenses	\$895025819
Total Operating Expenses	\$1425474062		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$104112737	Total Assets	\$751287446
Net Non-operating Gains over Loss	\$2852133	Total Liabilities	\$202855782
Total Net Gains	\$106964870		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2130170883	\$1759912484	\$370258399
Medicaid	\$379326428	\$281670831	\$97655597
Other Government	\$92148854	\$76742522	\$15406332
Other State	\$363868046	\$285960735	\$77907311
Other Payers	\$1595220657	\$792521214	\$802699443
Total	\$4560734868	\$3196807786	\$1363927082

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1382805	\$-1382805

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$1075352	\$-1075352

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1269891	\$5358252	\$-4088361
Hospital Patients	\$0	\$0	\$0
Community Education	\$1132613	\$2525537	\$-1392924

Number of Medical Professionals Trained	1182
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	39085

Statement Six: Charity Statement

Hospital Charity Charges	\$84407393
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$16586053	
HCI Payments	\$0		
Subtotal	\$0	\$16586053	\$-16586053
Medicaid Shortfalls	\$88719902	\$124530525	
Subtotal	\$88719902	\$141116578	\$-52396676
DSH Payments	\$2,492,179		

Subtotal	\$91212081	\$141116578	\$-49904497
Medicare Shortfalls	\$374203619	\$417865272	
Other Government Programs	\$80173004	\$83436569	
Total	\$545588704	\$642418419	\$-96829715

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$12160	\$2043307	\$-2031147
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$983827	\$2056746	\$-1072919

Comments

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